

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	333	112-985
TYPIST	208	11/30/83
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	9/6
1	✓
2	
3	
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6	✓
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8	✓
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12	✓
13	✓
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## SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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